PTO/SB/05 (2/98)

Please type a plus sign (+) inside this box → + UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-29973					
First Named Inventor or Application i	ldentifier	Dhilin	D			

itle | Media Framework Systems

Express Mail Label No. EL547747430US

EL54//4/430US

On Page 1 of the specification, before line 1, insert –This application claims priority under 35 USC § 119(e)(1) of provisional application number 60/177,941 filed 01/25/2000.--

35 USC § 119	(e)(1) of pro	ovisional application	n numbe	er 6	0/1	7,94	ri tilea	01/25/2	2000		20
						ADDRESS TO: Assistant Commissioner for Patent Box Patent Application Washington, DC 20231			tion	jc9	
*Fee Transmittal Form (e.g., PTO/SB/17)							Microfiche		Program (A		
1. (Submit	an original, and a du	plicate for fee processing) [Total Pages	22	J	 7. 		otide and/o		id Sequence	Submission	
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	Description of the led Description	Drawings (if filed)			ACCOMPANYING APPLICATION PARTS					TS	
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	Copy from a prior		12. Preliminary Amendment								
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,		14.		*Small Er	ntity	Stateme	ent filed in prior a				
i.		(PTO/SB/09-12)					esirea				
		15. Certified Copy of Priority Document(s) if foreign priority is claimed)									
5. Incorpo		16.		Other:							
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is											
hereby		A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.									
17. If a CONTINU	ING APPLICAT	ION, check appropriate b	ox and sup	ply tl	he red	quisite	informatio	on below a	and in a pre	eliminary ame	ndment:
☐Continuatio	☐Continuation ☐Divisional ☐Continuation-in-part (CIP) of prior application No: / .										
Prior applica	tion information	on: Examiner					Gro	up / Art U	nit:		
18. CORRESPONDENCE ADDRESS											
Customer Number or Bar Code Label 23494 or Correspondence address below (Insert Customer No. or Attach bar code label here)											
NAME											
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COUNTRY							(072) 045	7 1110			
COUNTRY TELEPHONE (972) 917-4365 FAX (972) 917-4418								-4410			
Name (Print/Type)		Carlton H. Hoel				Reg	istration N	lo. (Attorn	ney/Agent)	29,934	
Signature		Muth	2ll	1					Date	01/25/0	1

Burden Hour Statement: This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office. Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

SUBTOTAL (3)

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Multiple dependent claims in excess of 3 **Reissue independent claims over

**Reissue claims in excess of 20 and over original patent

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original patent

SUBTOTAL (2)

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These are the fees effective October 1, 1997 Small Entity payments <u>must</u> be supported by a small entity statement,							First Named Inventor		ventor	Philip R. Thrift		3			
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SUBMITTED BY		Complete (if applicable)		
Typed or Printed Name	Carlton H. Hoel		Reg. Number	29,934
Signature	Mittel	Date 01/25/01	Deposit Account User ID	

Other fee (specify)

*Reduced by Basic Filing Fee Paid